



**PATIENT**

ATB Naiker

**PRESENTING CLINICAL SIGNS**

Patient initially presented on 10/19 with a head tilt to the right (x 72hr) and slight ataxia. Radiographs of the body did not reveal any abnormalities. Blood pressure was WNL. Ears looked normal OU. Outpatient treatment with Dex-SP and oral prednisolone was elected. Patient then re-presented on 11/16 after discontinuing Prednisolone, which led to a re-emergence of symptoms. Head tilt to the right was less pronounced than the month prior but still noted, along with very mild ataxia when patient would walk. An MRI of the head was performed today and is submitted for review.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/CMP/T4/UA & Toxoplasma titers - NSF

**BREED**

American Shorthair

**MAGNETIC RESONANCE IMAGING OF THE SKULL**

T2 weighted, PD, FLAIR, T2\*, DWI, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

**SEX**

MN

**MAGNETIC RESONANCE IMAGING FINDINGS**

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is no evidence of abnormal meningeal enhancement.

**AGE**

8 Years, 1 Month

The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences. Level with the right lateral aperture of the fourth ventricle, a roundish widening of the subarachnoidal space is seen, measuring 3.3 mm in diameter – appreciated in the 3D sequence for the tympanic bulla.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The right tympanic bulla is filled with T2 and T1 mild hyperintense material without contrast enhancement. The inner ear bilaterally presents the expected architecture and normal signal behavior of the endolymph.

**HOSPITAL NAME**

South Bay Animal  
Hospital

Surrounding soft tissue structures in the head region are within normal limits.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Right sided otitis media
- Focal cystic widening of the subarachnoidal space, level with the right lateral aperture of the 4<sup>th</sup> ventricle

**REFERRING VET**

Ravinder Atwal, DVM,  
CCRP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is evidence of right sided otitis media, being a plausible explanation for the described clinical signs. Myringotomy can be used as an advanced minimally invasive tool for sampling and flushing the right tympanic bulla; ventral bulla osteotomy is a potential treatment option as well.

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The cystic widening of the subarachnoidal space is considered incidental at this point, as there is no evidence of overt mass effect. Potentials include arachnoid cyst, epidermoid cyst, (dermoid cyst). There is no evidence of pathological contrast enhancement and the odds for an inflammatory lesion are very low.

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12-6-21



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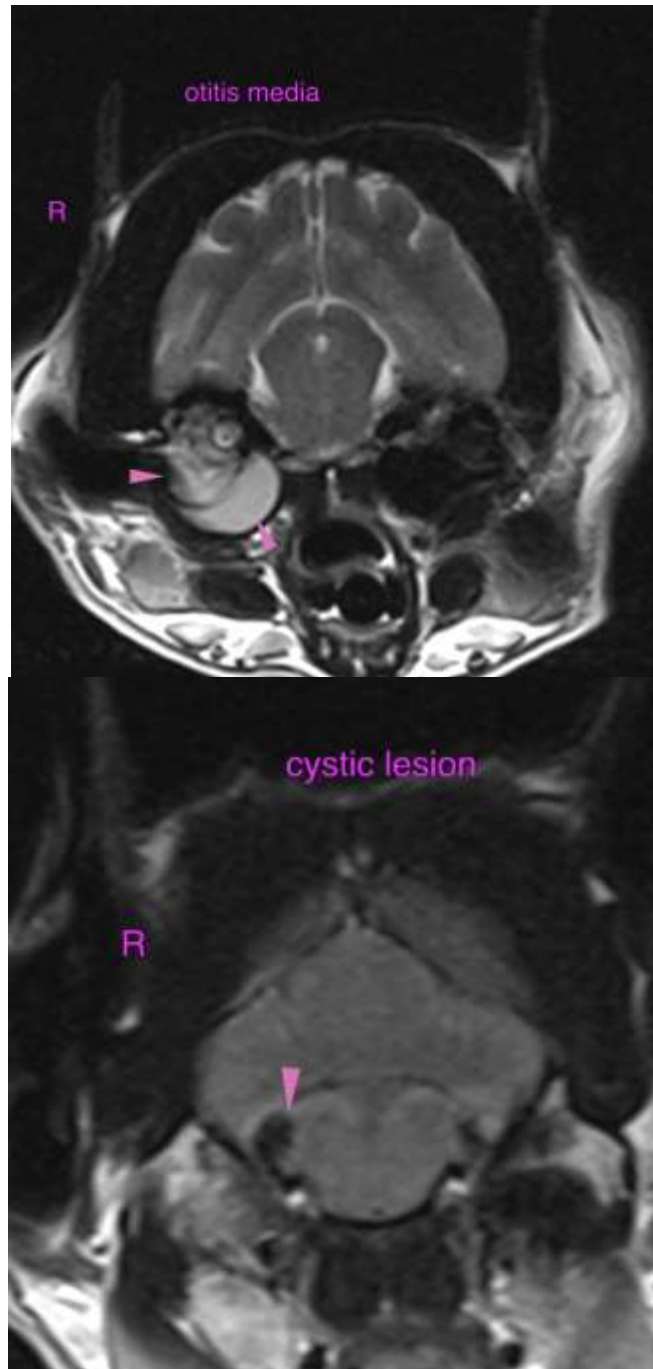
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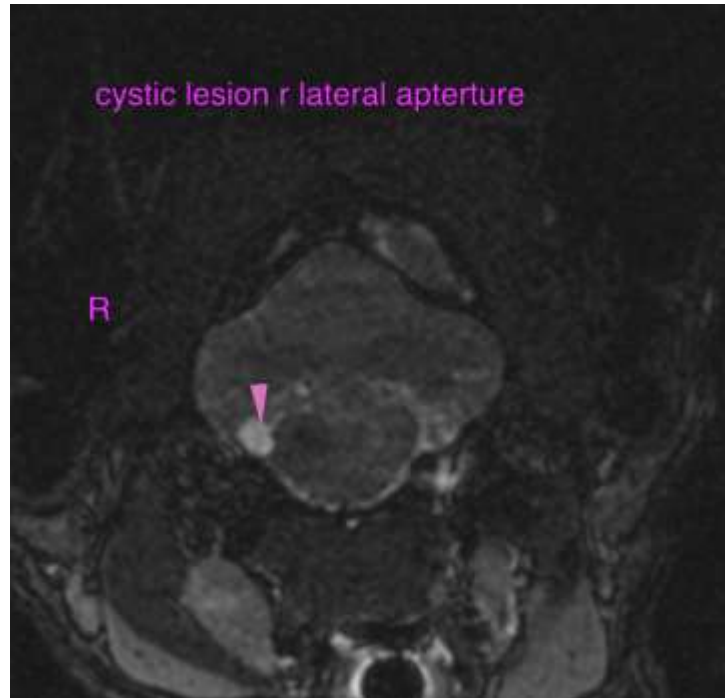
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com